

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

44933

State File No. \_\_\_\_\_  
Registrar's No. 27

BIRTH NO. 105073 REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 4525

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milo, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Baby Michael</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Herren</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12</u> <u>28</u> <u>53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Sept. 15, 1953</u>	9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Nevada, Mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Jay Howard Herren</u>	13b. MOTHER'S MAIDEN NAME <u>Carolyn Jean Herren</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation</u>		<u>Patient found dead in bed at 6:30 AM on date above.</u>
	ANTECEDENT CAUSES <u>See explanatory note on Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (b) <u>opposite side.</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>E9360</u> <u>22</u>	

19a. DATE OF OPERATION <u>None.</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada</u> <u>Vernon</u> <u>Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 28, 1953 6:30a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Dec. 28, 1953, that I last saw the deceased alive on Dec. 14, 1953 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Rolla B. Gray, M.D.</u>	23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	23c. DATE SIGNED <u>Dec. 28, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Milo Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Milo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Ruth Hatch Foster, Nevada, Mo.</u>	

DATE REC'D BY LOCAL REG. Jan 4 1954 REGISTRAR'S SIGNATURE Mrs. Ruth Hatch Foster ADDRESS Nevada, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

Explanatory Note: This baby was erythroblastic due to the Rh factor. He was extremely ill during the first six weeks of his life, and he had intensive medical treatment and transfusions.

However, he had made a very uneventful convalescence up until his death, except for that he had acute attacks of distension on several occasions. Yesterday afternoon he quite distended, but by use of an enema given by his mother, he belched and passed gas and even played before he went to bed.

The coroner was notified as to this baby's death and also the health office. It was this was a case of strictly an accidental death. The family did not care to have an autopsy on him unless it was for legal necessity. Therefore, I can but assume this baby possibly regurgitated something and drowned himself in it, because his mother found quite a little bit of secretion in the corners of his mouth and on his face when she examined him the morning after finding him dead in his bed.

I know in my own mind that there was no evidence of any foul play as both parents were very anxious to have this baby, and the mother has been an excellent mother.

Signed,

  
Rolla B. Wray, M.D.

Nevada, Missouri  
December 28, 1953

#### STATEMENT BY LICENSED EMBALMER

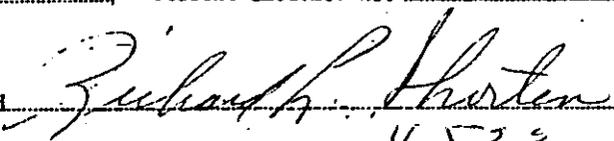
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

  
Licensed Embalmer No. 4532

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.